

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 05/04/05

2 Serial/Patent # 10/517173

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other <u>Overpayment</u>			\$ 44.00							
		7 TOTAL AMOUNT OF REFUND	\$ 44.00								
		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check									
<input type="checkbox"/> Duplicate Payment		<input type="checkbox"/> Credit Deposit A/C #:	9 <table border="1"><tr><td></td><td></td><td>—</td><td></td><td></td><td></td><td></td></tr></table>				—				
		—									
10 REASON:											
<input checked="" type="checkbox"/> Overpayment											
<input type="checkbox"/> Duplicate Payment											
No Fee Due (Explanation): <i>The applicant paid for an independent claim which does not exist.</i>											

11 REFUND REQUESTED BY: W. Alvarado

TYPED/PRINTED NAME: WINSTON ALVARADO TITLE: Paralegal

SIGNATURE: Winston Alvarado

PHONE: 703-308-9290
Ext. 206

OFFICE: National Stage PTO

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: Cherry Phillips

DATE: 5-04-05

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

Check Refund

Refund Status Window Help



Refunded Payment

Payment from check no.: 0128

Bank Routing Code: 063100277

Acct No. XXXXXXXX030

APPROVED

Check Refund

Number: 144408

Hold Date: 05/02/2005

Amount: 44.00

Treas Check No:

Refund Cat: NONGOVNMNT

Status: INPROCSS

Fee Cd:

Name/Number: 10517173

Issue Method

Electronic

Paper

PCT Code

WPO

EPO

None

Mailing Address

Payee Name: DAVID A. GUERRA



Tax Identification No:

Attention:

Street:

933 OLANDERWAY SOUTH SUITE 3

City:

SOUTH PASADENA

Province:

State:

FL

Country: US

Postal Code: 33707

SAVE SUCCESSFUL!

WALVARAD

05/02/2005

Correspondence Address

Customer Number

29689

Change Reason

Directly Supplied

Name * DAVID A. GUERRA

Street * 333 OLANDER WAY SOUTH, SUITE 3

City * SOUTH PASADENA

State/Province FL

Postal 93707

Country * US

Save

Refresh

Clear

Other Contact Information:

Phone No. / Ext.

727-345-1450

Fax No.

727-345-6442

E-Mail

Print

Cancel

Last Modification

KMOHAMMED

02/22/2005

walvarado

04/29/2005